

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000127430

**FILED**  
**Oct 17, 2011**  
**Secretary of State**

**Entity Name:** APRIL J. ROSEN AESTHETICIAN LLC

**Current Principal Place of Business:**

14610 CANOPY DRIVE  
TAMPA, FL 33626 US

**New Principal Place of Business:**

15241 N. DALE MABRY HWY  
SUITE 5  
TAMPA, FL 33618 US

**Current Mailing Address:**

14610 CANOPY DRIVE  
TAMPA, FL 33626 US

**New Mailing Address:**

**FEI Number:** 27-4236701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

ROSEN, MICHAEL A OFFICER  
14610 CANOPY DRIVE  
TAMPA, FL 33626 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL A. ROSEN

10/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROSEN, APRIL J  
Address: 14610 CANOPY DRIVE  
City-St-Zip: TAMPA, FL 33626 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: APRIL J ROSEN

PRES

10/17/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date